136A Mary 109	,
1917/09	,)
-11.	

	Number Filed	Number Extra	Rate	Basic Fee \$740.00/370.00
Total Claims	24 - 20 =	4 x	\$18.00/\$9.00	\$ 72.00
Independent Claims	4 - 3 =	1 x	\$84.00/ \$42.00	\$ 84.00
Multiple Dependent Claims		If marked, add fee of \$2	80.00 (\$140.00)	\$ 0
TOTAL:				\$ 896.00

	Small entity status is or has been claimed. Reduced fees under 37 C.F.R. §1.9 (f) paid herewith
	ъ <u></u> .
\boxtimes	A check in the amount of \$896.00 in payment of the application filing fees is attached.
	Charge fee to Deposit Account No. <u>13-4500</u> , Order No A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
\boxtimes	The Commissioner is hereby authorized to charge any additional fees which may be required for filing this application pursuant to 37 CFR §1.16, including all extension of time fees pursuant to 37 C.F.R. § 1.17 for maintaining copendency with the
	parent application, or credit any overpayment to Deposit Account No. 13-4500, Order
	No. 1232-4809. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted, MORGAN & FINNEGAN, L.L.P.

Dated: January 15, 2002

By: Klyh A Cafarus

/ Joseph A. Calvaruso Registration No. <u>28,287</u>

Correspondence Address:

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